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			Substitu	ute for Form PT	O-875				10	401.1, 1	14	
	Α		ICATION AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR		NUMB	ER FILED	NUMBE	ER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))		en en										
SEA	RCH FEE FR 1.16(k), (i), or (m		,						1			
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))												
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20) = *			x =		OR	x =		
	EPENDENT CLAI CFR 1.16(h))	MS	minus 3	= •			x =			х =		
APP FEE (37 C	LICATION SIZE CFR 1.16(s))	sheets of is \$250 (\$ additiona 35 U.S.C	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
MUL	TIPLE DEPENDE	NT CLAIM PRES	ENT (37 C	FR 1.16(j))								
* If the difference in column 1 is less			s less than zero, enter "0" in column 2.				TOTAL]	TOTAL		
	APPL	ICATION AS	AMEND	ED – PART II								
	(Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID, FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
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M	Application Size Fee (37 CFR 1.16(s))											
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	800.00	
		(Column 1)		(Column 2)								
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	•	Minus	**	=		x =		OR	х =		
S	Independent (37 CFR 1.16(h))	•	Minus	***	=		x =		OR	х =		
AMENDM	Application Size Fee (37 CFR 1.16(s))								1			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	* If the "Highest N	lumber Previously	/ Paid For	y in column 2, writ IN THIS SPACE IN THIS SPACE	is less than 20,	ent			_			

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